IPDR6702				NORTH CAROLINA		PAGI	E: 1	
RUN DATE	: 04/11/2004			RS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 04/13/2004				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0			0		
					,			,
3404902	BLUE RIDGE COMM	8505	368	CLAIM DENIED DUE TO INSUFFICIE				
	UNITY			NT BUDGET				
		21	90	DUPLICATE OF CLAIM-SYSTEM		450	4.63	
					'	458	462	
						<u> </u>		
3404904	WESTERN HIGHLAN	8505	70	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET		1		
			_			-		
		8000	7	NO RATE AVAILABLE ON FILE TO P			195	
			_	RICE THIS CLAIM DETAIL		88	195	107
		8599	7	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404905		8622	90	60 RESIDENTIAL LEVEL II TREATM				
	TREND COMM MENT AL HLTH CTR			ENT RECEIVED, PA IS REQUIRED				
	AD HIDTH CIK			FOR ADDITIONAL SERVICE.				
		8599	80	DETAIL NOT COVERED BY COMBINAT		232	285	53
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	40	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404907	RUTHERFORD-POLK	21	249	DUPLICATE OF CLAIM-SYSTEM				
		0	0					
						249	564	315
3404910	PATHWAYS	8599	664	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		-		
		27	477	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE	13	2138	7140	5002
			_	CORRECT DIAGNOSIS CODE AND SUB		1		
		537	277	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404912	CAMAMDA COMMUNA	8931	265	AMTNC INELIGIBLE TO RECEIVE SE		1		
	CATAWBA COUNTYM ENTAL HEALT			RVICES IN IPRS.		1		
	DIVIND HEADT							
		8599	104	DETAIL NOT COVERED BY COMBINAT	36	516	5340	4824
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		1		
		8935	59	ASTNC INELIGIBLE TO RECEIVE SE		1		
				RVICES IN IPRS.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404913	MECKLENBURG COM	120	1024	CLIENT ID NUMBER MISSING OR IN				
	ENTAL HEALT			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8505	382	CLAIM DENIED DUE TO INSUFFICIE	458	2429	9394	6965
				NT BUDGET				
		8935	347	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404916	CROSSROADS BEHA	21	47	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		5404	25	SEVERE DUPLICATE: SAME ATTD PR	0	83	233	150
				OV/PCODE/TOS/DOS/MOD				
		8629	11	SIX OCCURRENCES OF CDAO SERVIC				
				ES HAVE PROCESSED AND PAID, PA				
				IS REQUIRED FOR ADDITIONAL SER				
3404917	CENTERPOINT HUM	8505	1323	CLAIM DENIED DUE TO INSUFFICIE	IE .			
	AN SERVICES			NT BUDGET				
	111 02111 2020							
		8599	464	DETAIL NOT COVERED BY COMBINAT	143	2330	4777	2447
				ION OF RECIPIENT, PROVIDER AND	143	2330	4///	2447
				BENEFIT PACKAGE.				
		21	199	DUPLICATE OF CLAIM-SYSTEM				
3404918		0505	222	ATATA DENTED DUE TO TVAHENTATE				
3404310	ROCKINGHAM CO M	8505	373	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT			NI BUDGEI				
		7004						
		7001	66	EXCEEDS THE ONE PER DAY LIMITA	23	544	1205	661
				TION				
		8599	36	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN	8505	3612	CLAIM DENIED DUE TO INSUFFICIE			544 1205	
	TAL HEALTHC			NT BUDGET				
		8800	851	FURTHER PROCESSING NECESSARY,	68	4909	5861	952
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				-
		8599	166	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8505	10131	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8800	1230	FURTHER PROCESSING NECESSARY,	0	11452	11813	361
				PLEASE CHECK FOR CLAIM ON	U	11452	11013	301
				FUTURE RA'S.				
		191	46	CLIENT ID NUMBER DOES NOT MATC				
		171	10	H PATIENT NAME				
				II LAILENI NAPE				
l								
								1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404921	ORANGE PERSON C	5312	3069	PRIOR AUTHORIZED DOLLARS EXCEE DED				
	HATHAM AREA			DED		 		
						 		
		8505	2742	CLAIM DENIED DUE TO INSUFFICIE	27	7395	9907	2512
				NT BUDGET	2.1	,,,,,	3301	2012
		21	627	DUPLICATE OF CLAIM-SYSTEM				
3404922		21	300	DUPLICATE OF CLAIM-SYSTEM		 		
5404522	THE DURHAM CENT	2.1	500	DOUBLEATE OF CERTIF SISTEM		<u> </u>		
	ER							+
		0	0		0	300	408	108
3404923	VGFW AREA AUTHO	8505	1478	CLAIM DENIED DUE TO INSUFFICIE				
	RITY			NT BUDGET		ļ		
								
		21	93	DUPLICATE OF CLAIM-SYSTEM		 		1
			23	DOIDTCAID OF CHAIM-SISTEM	0	1672	2337	665
						<u> </u>		1
	+							1
		8800	41	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404924	PIEDMONT AREA M	23	1	SERVICE REQUIRES PRIOR APPROVA				
	H/DD/SAS			L				
		0	0			<u> </u>		
		0	0		0	1	1	. 0
						 		
3404925	SANDHILLS CENTE	8505	1789	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	243	DETAIL NOT COVERED BY COMBINAT	80	2229	4367	2138
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	39	ASTNC INELIGIBLE TO RECEIVE SE				
		0555	33	RVICES IN IPRS.		<u> </u>		
-	+					<u> </u>		1
	+							1
				1				†
3404926	SOUTHEASTERN RE	8505	5196	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		21	102	DUDY TOTAL OF STATE OVS.				
		21	193	DUPLICATE OF CLAIM-SYSTEM	84	5808	7568	1760
				_		 		1
						 		1
-	+	8599	154	DETAIL NOT COVERED BY COMBINAT		<u> </u>		1
	+			ION OF RECIPIENT, PROVIDER AND				1
				BENEFIT PACKAGE.				†
								1
3404927	CUMBERLAND CO M	8599	233	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		ļ		
		0.000	115	(0 ppg_ppym_x 1=				
		8622	115	60 RESIDENTIAL LEVEL II TREATM	6	524	5143	4619
				ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.		 		1
	1			FOR ADDITIONAL SERVICE.		 		-
1		21	33	DUPLICATE OF CLAIM-SYSTEM				1

				1			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404929	LEE HARNETT MH/	8505	237	CLAIM DENIED DUE TO INSUFFICIE				
	DD/SAS			NT BUDGET				
		21	153	DUPLICATE OF CLAIM-SYSTEM	0	518	1628	1110
		8599	79	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930		8931	135	AMTNC INELIGIBLE TO RECEIVE SE				
3404930	JOHNSTON COUNTY	0331	133	RVICES IN IPRS.				
	MNTL HLTHC							
		8599	50	DETAIL NOT COVERED BY COMBINAT	199	268	2853	2585
				ION OF RECIPIENT, PROVIDER AND	133	200	2000	2303
				BENEFIT PACKAGE.				
		8935	33	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	8599	1153	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND		-		
				BENEFIT PACKAGE.				
		0005	500					
		8935	588	ASTNC INELIGIBLE TO RECEIVE SE	1059	3363	21808	18445
				RVICES IN IPRS.				
		8931	401	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	401	RVICES IN IPRS.				
				RVICES IN IFRS.				
3404932		8505	1387	CLAIM DENIED DUE TO INSUFFICIE				
3101332	RANDOLPH/SANDHI	0303	1307	NT BUDGET				
	LLS CO MH C							
		8800	162	FURTHER PROCESSING NECESSARY,	32	1678	1945	267
				PLEASE CHECK FOR CLAIM ON	32	1070	1343	207
				FUTURE RA'S.				
		8599	29	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT	8505	2485	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
			1.40					
		8800	143	FURTHER PROCESSING NECESSARY,	42	2844	3824	975
			1	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8000	91	NO RATE AVAILABLE ON FILE TO P				
			1	RICE THIS CLAIM DETAIL				
	1	+	 					
			 					
3404934	ONSLOW COUNTY B	8599	70	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H		 	ION OF RECIPIENT, PROVIDER AND				
	DIMINI ONED II	1	1	BENEFIT PACKAGE.				
		21	46	DUPLICATE OF CLAIM-SYSTEM	3	190	1083	893
			1			230	2303	
		537	25	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
242402	MANUAL GO MENTAL	0	U	*** NO DATA TO REPORT ***				
3404935	WAYNE CO MENTAL				1			1
3404935	HEALTH CTR							
3404935								
3404935		0	0					
3404935		0	0		0	0	0	0

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404936	WILSON-GREENE M	8505	637	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		21	77	DUPLICATE OF CLAIM-SYSTEM	72	855	2527	1672
					12	033	2321	1072
		8931	39	AMTNC INELIGIBLE TO RECEIVE SE				
		0531	33	RVICES IN IPRS.				
3404937	EDGECOMBE NASH	8505	315	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET				
		21	88	DUPLICATE OF CLAIM-SYSTEM	16	641	1722	1081
		8800	75	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404938	DIVERGENCE ME	537	42	PROCEDURE IS NOT COVERED FOR T				-
	RIVERSTONE MENT			HIS DATE OF SERVICE		40 146 245		
		0.500	0.0					
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	40	146	2456	2310
				BENEFIT PACKAGE.				
		8931	22	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IPRS.				
3404939	NEUSE MENTAL HE	8326	7502	ATTENDING PROVIDER NUMBER IS R				
	ALTH CENTER			EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
				NUMBER. ADD ATTENDING NUMBER A				
		120	96	CLIENT ID NUMBER MISSING OR IN	0	7641	7651	. 10
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		143	20	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404941	PITT CO MH/DD/S	8505	281	CLAIM DENIED DUE TO INSUFFICIE				
	AS CENTER			NT BUDGET				
		143	122	CLIENT ID NUMBER NOT ON STATE				
		143	122	ELIGIBILITY FILE	17	700	2225	1525
		8599	110	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH	8505	697	CLAIM DENIED DUE TO INSUFFICIE				
	UMAN SERVIC			NT BUDGET				-
	+							
		8599	329	DETAIL NOT COVERED BY COMBINAT	8	1075	1946	871
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				1
		8800	21	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404943	ATDEMADTE MENINA	8505	356	CLAIM DENIED DUE TO INSUFFICIE				
	ALBEMARLE MENTA L HEALTH CE			NT BUDGET				
	,							
		11	123	CLIENT NOT ELIGIBLE ON SERVICE				
	+	11	123	DATE	30	634	1371	564
	+				1			
	1							
		8800	78	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				

Sheet1

		FUTURE RA'S.		

Sheet1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENTALO	DENTALS	FINALIZED	FAID
3404944	EASTPOINTE HUMA	8505	2225	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8800	173	FURTHER PROCESSING NECESSARY,	149	2735	4261	1526
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8931	103	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	8505	258	CLAIM DENIED DUE TO INSUFFICIE			2735 4261 2735 4261 261 394 1468 2849	
	ENTAL HEALT			NT BUDGET				
		21	2	DUPLICATE OF CLAIM-SYSTEM	0	261	394	133
		5404	1	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404957	TIDELAND MENTAL	8505	1007	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8599	155	DETAIL NOT COVERED BY COMBINAT	218	1468	2849	1381
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		2004	4.00					
		8931	102	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404959		0	0	*** NO DATA TO REPORT ***				
3404333	DAVIDSON CO MEN	0	0	NO DAIA TO REPORT				
	TAL HLTH CT							
		0	0					
		· ·	0		0	0	0	0
3404979	p	8505	1080	CLAIM DENIED DUE TO INSUFFICIE				
	NEW RIVER AREAM			NT BUDGET				
	H/DD/SA PRO							
		21	200	DUPLICATE OF CLAIM-SYSTEM	23	1527	1893	366
-					23	1527	1893	306
		24	132	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
	L.	1		I .	1	1	i	